


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A04000000975		
1. Entity Name LOLADERO LIMITED PARTNERSHIP		

FILED

2007 MAY 10 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

Principal Place of Business 600 BILTMORE WAY, APARTMENT 707 CORAL GABLES FL 33134	Mailing Address 600 BILTMORE WAY, APARTMENT 707 CORAL GABLES FL 33134
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2. Principal Place of Business - No P.O. Box # 600 BILTMORE WAY Suite, Apt. #, etc. 707	3. Mailing Address 600 BILTMORE WAY Suite, Apt. #, etc. 707
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City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134	Country U.S.A.

4. FEI Number AP-PLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWIS, ALFRED D 600 BILTMORE WAY, APARTMENT 707 CORAL GABLES FL 33134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P04000092133	NAME LOLADERO, INC.	STREET ADDRESS	700103098657 05/23/07--01020--001 **500.00
STREET ADDRESS 600 BILTMORE WAY, APARTMENT 707	CITY- ST- ZIP CORAL GABLES FL 33134	CITY- ST- ZIP	
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STREET ADDRESS		CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Alfred D. Lewis - ALFRED D. LEWIS - 4/24/07 - 1-305-567-0074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **GEN. PARTNER**

STAPLE CHECK HERE